

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **9392**FILED **APR 6** 1954BIRTH NO. _____ REG. DIST. NO. **209** PRIMARY REG. DIST. NO. **3042** Registrar's No. **90**

1. PLACE OF DEATH a. COUNTY MARION		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY MONROE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN HANNIBAL		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MONROE CITY	
c. LENGTH OF STAY (in this place) 3 Days		d. STREET ADDRESS (If rural, give location) 420-1st STREET	
d. FULL NAME OF HOSPITAL OR INSTITUTION STELIZABETH			

3. NAME OF DECEASED (Type or Print) a. (First) CORNELIA b. (Middle) ELLEN c. (Last) BURDITT		4. DATE OF DEATH (Month) (Day) (Year) MARCH 25 1954	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH MARCH 19 1862
9. AGE (In years last birthday) 92	IF UNDER 1 YEAR Months 6	IF UNDER 1 YEAR Days 6	IF UNDER 1 YEAR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE KEEPER	10b. KIND OF BUSINESS OR INDUSTRY OWN Home	11. BIRTHPLACE (State or foreign country) MONROE County Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME HENRY BEE	13b. MOTHER'S MAIDEN NAME MARTHA A. SHARP	14. NAME OF HUSBAND OR WIFE Thomas H. Burditt
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME M. Rush Catkins ADDRESS Monroe City, Missouri
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease		INTERVAL BETWEEN ONSET AND DEATH 6 mo.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Coronary Arteriosclerosis		1 hr.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c) 		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4201	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **545 A. M.**, from the causes and on the date stated above.

23a. SIGNATURE Dr. Canfield (Degree or title)	23b. ADDRESS 707 Broadway	23c. DATE SIGNED 3/27/54
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24a. BURIAL CREMATION REMOVAL (Specify) Burial	24b. DATE MARCH 27-1954	24c. NAME OF CEMETERY OR CREMATORY ST. JUDES CEMETERY	24d. LOCATION (City, town, or county) (State) Monroe City, Missouri
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DATE REC'D BY LOCAL REG. 3/29/54	REGISTRAR'S SIGNATURE W. C. Fisher	25. FUNERAL DIRECTOR'S SIGNATURE WILSON & SONS ADDRESS Monroe City, Missouri
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 5 1954
RECEIVED
MARION CO. HEALTH DEPT
DATE FILED APR 5 1954

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me

..... Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

Signed

Leslie L. Nielsen

Licensed Embalmer No.

9014

P. O. Address

Monroe City, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.